



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1964

<b>SERIAL NUMBER</b> 09/534,946	<b>FILING OR 371(c) DATE</b> 03/24/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3686	<b>ATTORNEY DOCKET NO.</b> MBHB00-203
<b>APPLICANTS</b> Frank R. Ruderman, San Carlos, CA; David T. Shewmake, San Francisco, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/126,003 03/24/1999 and claims benefit of 60/168,354 12/01/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/25/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 20306				
<b>TITLE</b> CARDIOVASCULAR HEALTHCARE MANAGEMENT SYSTEM AND METHOD				
<b>FILING FEE RECEIVED</b> 755	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	